



Harvard Medical Alumni Bulletin

Volume 16, Number 1

October, 1944

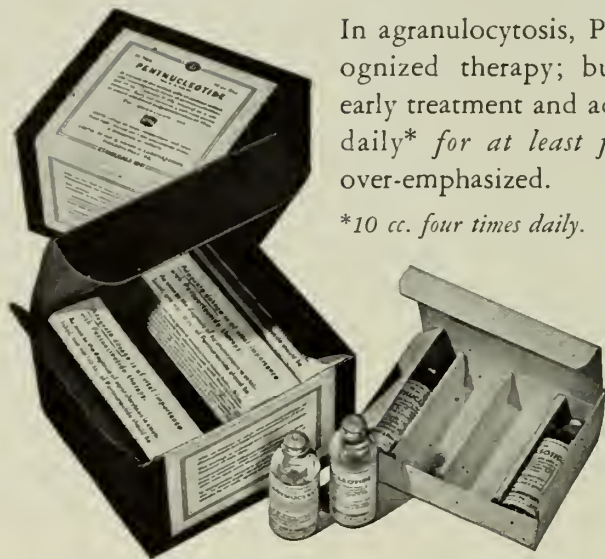
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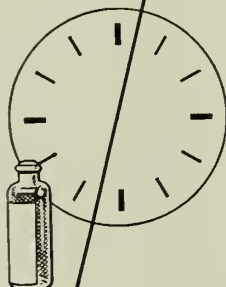


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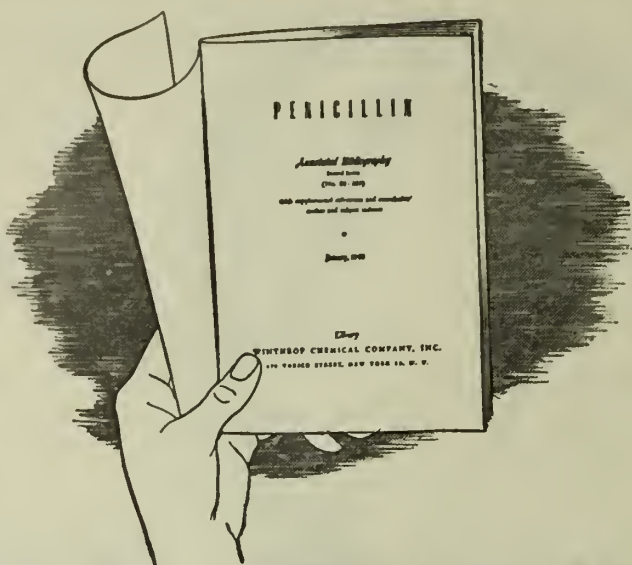
¹Biskind, G. R.: Proc. Soc. Exper. Biol. & Med. 43:259, 1940. Burrill, M. W. and Greene, R. R.: Endo. 31:73, 1942.

²Lisser, H. and Curtis, L. E.: J. Clin. Endo. 3:389, 1943.

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Medical School Notes



THE COMMISSIONING

At noon on Monday, September 25th, 1944, the graduating class gathered on the Medical School Quadrangle with their guests for a commissioning ceremony. At these exercises, which are described more fully elsewhere in this issue, military commissions were awarded to one hundred and twenty-five members of a graduating class of one hundred and thirty-six men. Eighty-seven men received the commission of 1st Lt. in the Army and thirty-eight were commissioned Lt. (jg) in the Navy. This event was attended by nearly six hundred people. Twelve high-ranking officials of the Navy, including Vice Admiral Ross T. McIntire, and eight Army officials represented the military services.

Ten civilian graduates and one British student received their diplomas from the Dean's office during the course of that week without any official commencement.

THE NEW CLASS

The new first year class started its career on October 2nd, one hundred and twenty-five strong. As a striking contrast to the outgoing class only 11, or 8%, are in Army uniform. Twenty-eight are in the Navy unit and a full 86, or 68% are civilians. The reason for this change in distribution is to be found in the fact that in accordance with the ASTP curtailment, the Army is allowing men selected to attend Harvard to resign from the "Enlisted Reserve Corps" and to go to Medical School as civilians under Selective Service deferments. Only those previously in some other phase of the ASTP remain in uniform.

Of this class of one hundred and twenty-five, thirty-eight men, through the sum-

mer, have been attending medical lectures in a pre-medical post-college course designed to give them a broad view of the scope, history and problems of medicine as a science and as a profession. This "pre-pre-clinical" course was set up as a result of the ruling that only men enrolled and receiving instruction in medicine as of June 30th could receive deferment as medical students. With formal instruction not scheduled to start before October, a course of instruction had to be arranged.

This anomalous and unheralded course has involved bi-weekly lectures by men of the various hospital staffs and clinical departments. With the lectures unlimited in scope, the lecturers have enjoyed a latitude of subject not found in their regular courses. As a result, the series as a whole has given the students an admirable survey of medicine, plotting their course during the ensuing years and allowing them a glimpse of where their long road leads even before they set foot upon it.

The commander of the Army group is once more Major Rosengard, who returned late in August to take over his former functions, a move necessitated by the illness of his erstwhile successor, Major Snyder.

The next class to start out is planned to begin its study in September, 1945. Whether this class goes through in the old-fashioned four-year way depends on many things, largely the course of the war and its resultant effect on government policy. Especially important will be decisions of the Navy as it will represent by the far the largest service unit in the Harvard Medical School by that time. Come what may for that class, however, those now in the School will continue on the "speed-up" schedule.

CO-EDS

The entrance of students to the Medical School is administered by an Admission Committee whose former chairman, Dr. Robert Morison, has left Boston to take up work under an appointment to the Rockefeller Foundation. His place as Chairman of the Committee has been taken by Dr. Lewis Dexter of the Department of Medicine at the Brigham.

Many new and perplexing problems face this committee, both as a result of the war and in planning for the peace. Not the least of these problems is succinctly stated in a vote of the President and Fellows of Harvard College, passed on June 5th, 1944, which allowed women to be admitted to the Harvard Medical School. The motion has been passed by the Board of Overseers and has become law.

This drastic and precedent-shattering move comes as the result of a trend of thought pursued by members of the Faculty for some years. About one year ago, a favorable vote by the medical faculty was overruled by the Fellows. Now that opinion has changed and the female Harvard medical student becomes a thing of the near future rather than a figment of the imagination.

Opinions range widely on the sagacity or inadvisability of this innovation. On the one hand, it is argued, many women have already gained a measure of immortality in American medicine; they have special abilities in certain clinical and experimental fields, and, no doubt, equal abilities in many medical pursuits where their presence has not yet been felt. Why exclude one segment of the population from a particular field of intellectual activity on the basis of sex?

The opponents maintain that while women have considerable ability, each place taken in the Harvard Medical School by a woman represents a lost opportunity to a potential male physician, which is later wasted if, a few years after her graduation, the woman abandons medicine to raise her family. This, they argue, constitutes a net loss in educational investment. With the

per capita investment in educational plant, equipment, and personnel so much greater in medicine than in any of the other professions, we should not invest it in a student who cannot carry forward the work for which she is trained.

Who is right? Only time and the Overseers will tell us; progress thrives on constant change and medicine has remained one of the few fields of endeavor still largely closed to women.

ASSEMBLY

The fourth annual undergraduate assembly was held on the afternoon of August 29th, in the Building E Amphitheatre. This meeting, like its predecessors, was designed to allow those undergraduates who have been engaged in original research to tell of their ideas and results. The spirit of the assembly is that of keen and critical inquiry without regard to clinical importance or applied significance. The assembly hall was filled with an enthusiastic audience of fellow-medical students, liberally intersprinkled with member of the faculty—medical, surgical, and pre-clinical.

Six papers were presented, ranging in subject from alcohol metabolism to alloxan diabetes in the rabbit. The material was well organized and of considerable interest, received with obvious relish by the audience, and discussed in some detail.

After the presentation of the papers, Dr. Burwell presented the Soma Weiss award.

This award, founded in honor of the late Hersey Professor, goes each year to the author of the most distinguished paper delivered at this assembly. This year it was awarded to William Hagan of the Third Year Class for his paper entitled "Alloxan Diabetes in the Rabbit."

Following the presentation of this award, the assembly was addressed by Dr. William T. Salter, Professor of Pharmacology at the Yale Medical School. His subject was "Drugs as Biological Catalysts," and dealt with the concept that most drugs are active in the circulation at a concentration of catalytic dimensions.

The Commissioning

September 25, 1944

For the first time in history commissions in Army and Navy were awarded to a group of recently graduated Harvard Medical students, out of doors, on a fine autumn morning, in the Quadrangle in front of the Administration Building. Gongs, to add color and festiveness to the occasion, were suspended between the pillars of the Administration Building; the Medical School's own in the center, flanked by two of Harvard's and by that of the Nation and by that of the Commonwealth. Chairs for the dignitaries were placed on two natural levels of the steps leading from the doors of the building to the grass below where were seated the audience. It would have been difficult to find a more attractive setting for the students, their friends, and for the faculty members who attended the exercises.

Just after the chimes of the Mission Church announced that it was noon, a bugler of the Boston Army Base Band which had mobilized forty strong for the occasion, sounded "Assembly." This was the signal for President Conant, Governor Saltonstall, and Dean Burwell, followed by Mr. Henry James and Dr. Roger Lee representing the Fellows of Harvard College, and by high ranking officers of the First Service Command and the First Naval District, to take their seats, coming from the Administration Building, and for the candidates—Army preceding Navy—to march from Vanderbilt Hall to the Quadrangle.

Lieutenant Tupper, a naval chaplain, opened the exercises with prayer. President Conant announced how honored the University was in being able to turn over the use of the grounds to the Army and Navy on this occasion. Governor Saltonstall, in his dual capacity as Governor of the Commonwealth and President of the Board of Overseers, complimented the can-

didates about to be commissioned on the honor they were presently to receive.

The band played "The Caissons Go Rolling Along." Colonel Frank L. Purdon, Commanding Officer of Harvard's Army Training Schools, directed all Army and Navy personnel to rise. Our men—both Army and Navy—stood to attention with precision. Colonel Purdon ordered Army personnel to uncover and administered to them the oath of office, each man announcing his name and repeating aloud, with his right hand raised, the phrases of the solemn sentences. One never hears the oath of office administered to any group without realizing the dignity and meaning of what the oath implies.

The Army commissions were awarded by Colonel William A. Barron, Jr., Chief of Staff of the First Service Command. As each man's name was called he approached Colonel Barron, saluted, received his commission, shook hands with the Colonel, and returned to his seat, doing it as soldiers should and in an unbroken chain until the last and 87th man had been called. Colonel Barron introduced Colonel John J. Reddy, First Service Command Surgeon, who congratulated the new medical officers and sketched for them certain of the duties which they would be likely to meet when they went on active service.

The band played "Anchors Aweigh," Captain Chester H. J. Keppler, Commanding Officer of Harvard's Naval Training Schools, administered the oath of allegiance to the Naval candidates, and Rear-Admiral Richard H. Laning, District Medical Officer of the First Naval District, presented commissions to our 38 Navy candidates, and wished them luck and success. Thus ended the Naval part of the ceremony.

The band played that inconsequential song, "It Had To Be You," which made

even the dignitaries, by now getting chilly from sitting in the shade on a drafty September morn, smile and shuffle their feet in time to the music, and no doubt caused the newly-commissioned officers to turn their thoughts from the grimness of war to happier things like love and laughter. And now Dean Burwell, in a few well chosen words, introduced the speaker of the day, Vice-Admiral Ross T. McIntire, Surgeon General of the Navy.

Admiral McIntire made exactly the kind of a speech that new medical officers always wish to hear. He spoke simply and forcefully. He described how most young naval officers when they went on active duty would go to sea, what sort of medical problems they were likely to encounter, and how they must meet these problems. He advised them to remember the importance of keeping physically fit, and emphasized how necessary it was for them to master the art of swimming. He paid high tribute to what the Harvard Medical School had contributed through research to the care of sick and wounded soldiers and sailors. He made all who heard his speech perceive how important to the immediate future of these young officers was their internship and why a certain amount of surgical experience was vital to any medical officer in the line.

The exercises ended with a benediction offered by Major Ernest L. Loomis, Assistant Chaplain of the First Service Command. This followed the national anthem and was an appropriate climax to the proceedings.

The new officers marched in front of the Administration Building on their way to lunch. All executed "eyes right" as they passed President Conant, Governor Salt-onstall, Admiral McIntire, and Colonel Barron who reviewed them. To know that they were bidden god-speed by such

men under such circumstances seemed a fitting way in war time for our students to leave the School.

Annual Meeting

The Annual Meeting and Dinner of the Association took place at the University Club, Chicago, on Wednesday, June 14, 1944. One hundred eight alumni attended. Cocktails were served at 5.30 p.m., and dinner at 6.30 p.m. President Francis G. Blake presided.

A short business meeting preceded the program for the evening. Dr. Walter W. Palmer, '10, was unanimously elected President for 1944-45. Announcement was made of the election by ballot of three councillors who would hold office from 1944-47: J. Howard Means, '11, J. Dellinger Barney, '04, and Francis M. Ingersoll, '38.

The President gave an informal report, stressing particularly his recent visit to the Harvard Base Hospital situated in Australia.

Dr. W. O. Thompson made a plea for the wider geographic representation of Officers and Council of the Association. It was the feeling of the meeting that there should be wide representation. Were it not for the war, a program for such representation would now be in effect, and already much has been done.

Dr. Fitz showed the initial reel of the Medical School film, a colored 16 mm. film without sound effects as yet, which was well received. Dr. C. E. Mongan, '92, the oldest graduate present, was asked to speak, and he was followed by Dr. James S. Clarke, '43 (Dec.), as one of four who were the youngest graduates present. Dr. Joseph Capps and Dr. Tom Spies were the remaining speakers. The signatures of all those present were taken to be preserved in the Association Files.



William Bradley Breed, M.D.

1893-1944

The death of William Bradley Breed at the height of his powers is a profound loss to his community. He was loved and respected by friends, patients and associates across the whole of the United States, and for those who knew him he represented the finest as a man and as a physician. Love of life was his, love of his fellows, courage, enthusiasm, and wisdom.

Born in Syracuse, New York, August 17, 1893, son of a physician who died while the boy was still a child, he was taken to Germany by his mother where he continued his education and studied the violin. He later graduated from Hackley School, in Tarrytown, New York; from Harvard in 1915 and from the Harvard Medical School in 1919. In 1918-19 he served as medical intern in the Massachusetts General Hospital.

Then followed a Residency at the New England Deaconess Hospital, after which, in 1921, he began the practice of medicine in Boston.

In 1925 he was married to Ruth Williams of Dedham, who survives him with their three children, Elizabeth, Sylvia and William.

He served on the Staff of the Massachusetts General Hospital and was made Physician to that Hospital in 1936, the same year in which he became a member of the Hospital General Executive Committee. In this year, also, he received an appointment as Associate in Medicine at the Harvard Medical School.

From 1925 until 1936 Dr. Breed was visiting physician at the Good Samaritan Hospital, and he held many other hospital affiliations. He was an associate editor of the *New England Journal of Medicine* from 1923 to 1937, and later one of the Editorial Board. In 1942 he was appointed to the Committee on Publications of the Massachusetts Medical Society of which he

had been for many years one of the Councillors. He was a member of the American Clinical and Climatological Association, and of the American College of Physicians, of which he was Governor for Massachusetts, Chairman of the Board of Governors, and a member ex officio of the Board of Regents. He early became associated in practice with Dr. Roger I. Lee, an association which lasted until his death.

Bill Breed was a character out of the Renaissance, a man of many and varied interests. With great gifts as a physician, an appreciation of—and talent for—music, an unfailing sense of fun, an enormous ability to savor the best in life, and the power to make and enrich human relationships, he had friends everywhere and among all types of people. He abounded in kindness—yet he was also shrewd and quick to detect any falseness in men or in ideas. He was completely honest intellectually and as a person, and fearless in his expression of opinion. He could overthrow an unwary opponent or expose an unsound assumption with ruthless directness, but were someone in trouble he would take infinite pains to bring assistance, and his intuitive understanding of people and situations was unusual.

He was a master at getting things done—often vicariously—and knew the ways and means necessary to accomplish a purpose. His sense of values was just, the goals he set himself and others wisely chosen.

Bill could work hard, play hard, and, when appropriate, relax. Once we flew across the Channel on vacation together in the early twenties—in an old crate of a plane, our first flight—half an hour out, England behind us, Belgium not yet gained. I looked at Bill—and he was sound asleep! At that moment—when there was precisely nothing to see—why stay awake?

But no man was ever more alert when a battle of wits was in progress, or a patient seriously ill.

Bill's friends will always remember him for his humor, his innate gift of buffoonery or just plain fun. We shall remember with affection and gratitude the spark with which his presence vitalized every situation. The "tired business man" at the Club seemed always less weary when Bill arrived; dull committee meetings took on life. Even when he said little, and at times his power of silence was great, Bill's presence was always felt. When he picked up his fiddle at the Tavern to play the operettas of the gay nineties, (and he knew all the tunes that were ever sung) an evening of purest pleasure was ensured. Music was so deeply and simply a part of his nature that he could not long be without it. With equal enthusiasm he listened to a Symphony Orchestra, practised a Brahms String Quartet, or directed a group of children who gathered each year at his home to sing Christmas Carols.

Bill's patients counted on him and loved him with good reason. In times of need he took full charge, demanded action, and obtained it. But—unless imperative—he did not believe in forcing issues, nor did he practice paternalism. His patients were free. If it seemed the wiser course Bill could "only stand and wait", for he knew that many situations best solved themselves.

To his friends Bill was absolutely loyal. He heard much gossip but he could put on the rare and effective armor of silence, and he never told all that he knew.

Medically, Bill Breed was a constructive agnostic. He believed nothing unless it was proven, and one of his greatest de-

lights was to "debunk" loose statements. His memory—for the spoken, rather than for the written word—was extraordinary. His head was packed with practical knowledge, the result of his own observation or that of his associates. He learned from every specialist he called upon for assistance, and acquired a fund of wisdom which made him an unusually able teacher and consultant. He was beloved and admired by students and house officers, and when the American College of Physicians met in Boston, besides being their Toastmaster, Bill was one of two men selected from the Massachusetts General to discuss cases at the Pathological Conference. There would not be a dull moment with Bill in charge!

His powers of observation were acute, and his medical curiosity great. He was in spirit a clinical investigator, though he wrote few papers, for the printed word was not his medium of intellectual exchange. On the morning of his last operation, having been given spinal anaesthesia, Bill said, "are my knees still bent?" He was told no, they were straight. With great interest then said, "well, they feel bent. They were flexed when they gave me the spinal, and they still *feel* flexed," and he added, "that's an observation for you!" The ability to be concerned, even at that hour, not with himself, but with objective reality, was entirely characteristic.

Bill Breed brought enthusiasm and great ability to his practice of Medicine, to his music, and to his friendships. He lived fully and with joy, and those who were closest to him know that he accepted Death with the same courage with which he lived his life. Surely this is the final test of any man.

Maurice Fremont-Smith, '18.

Physiology for Medical Students at Harvard

A Description of the New Course

EUGENE M. LANDIS, M.D., PH.D.

Those who assume the responsibility for presenting the subject matter of physiology to medical students have before them a complicated task. As teachers, they must explain and demonstrate the basic principles of a subject which has a rich history, and a widening future, both as a pure science in its own right, and also as an applied science in the advancement of medicine. As investigators, they wish to study the more fundamental aspects of function by individual research and to train advanced students, Ph.D. or M.D., more thoroughly in the principles and methods of physiology, the pure science. There is nothing in these aims, however, which is incompatible with, or excludes, the simultaneous presentation of sound human physiology to first year medical students in a manner which is specifically adapted to help them as physicians.

In arranging such a course it is essential to recognize and make full use of the techniques by which normal function has been studied quantitatively in man particularly during the last two decades. A brief review of the methods which are used in clinical investigation, or in the special diagnostic study of patients, will make it clear that in many respects we can define the normal range of variation of a given function, and its quantitative reactions to stress, more accurately and easily for the human being than we can for the common laboratory animals. In presenting the subject matter of physiology to medical students this direct information should be used to the fullest possible advantage.

To widen the scope of the first year course in physiology in this fashion required carefully chosen equipment, a new

laboratory manual, and exceptionally adaptable student laboratories. To this end a complete renovation of the laboratories on the second floor of the Physiology Building and the addition of "units for human physiology" on the third floor were completed by the end of March, 1944. It was the constant interest of Dean Burwell and the efficiency of the Maintenance Department that made this rapid renovation possible despite shortage of material and workmen. The "units for human physiology" will be described first because they represent an interesting supplement to the usual armamentarium of a teaching and research laboratory.

Four rooms on the third floor were used for this purpose. Two of these, each large enough to accommodate easily a group of 5 to 7 students, were insulated and equipped to provide constant temperatures at any level between 5° C. and 40° C. In these rooms the first year students, in groups of five, can study in rotation the physical and metabolic control of body temperature. Simple thermocouples and a galvanometer of a portable clinical type are used for measuring skin temperatures and for following thereby cutaneous vasoconstriction and vasodilatation in response to body warming, body chilling, and changing environmental temperature. For next year's course a clinical metabolism apparatus will be added to measure metabolic rates before and during shivering. For specially interested groups artificial fever can be induced by the intravenous injection of typhoid vaccine.

The other two rooms in this group of four are used for units which do not require constant environmental temperature. There are two plethysmographs for meas-

uring blood flow. One is arranged to measure the effect of local temperature (15° C. and 44° C.) and graded exercise on blood flow through the muscles of the forearm. In the other the students measure blood flow through the skin of the hand in response to heat, cold, pain, deep breathing, reactive hyperemia and smoking. Nearby a forearm ergograph is used to contrast, by subjective symptoms and objective records, the physiological fatigue which occurs in muscles with normal blood flow from the pain of experimentally produced intermittent claudication. Another unit permits the students to determine for human erythrocytes the isotonic and the hemolytic concentrations of NaCl, glucose and sucrose, as well as the effects of venous congestion on their own hematocrit readings. In still another unit a 3-channel direct ink-writing oscillograph records graphically under various experimental conditions, and in sequence, the human electrocardiogram, heart sounds, venous and arterial pulses, pulse wave velocities, reaction times, reflex times, muscle action currents and electroencephalograms. A fluoroscope for gastrointestinal physiology, a tilt table for analyzing the circulatory events preceding syncope, and a treadmill for studying the effects of exhausting physical work are being added as materials become available.

Students rotate in groups of five through these units so that they may become familiar with some of the quantitative measurements of function applicable to man and have for their clinical years a base-line of normal performance with which they can compare the performance of their patients. In doing this section of the laboratory work they also become familiar with the errors of standard methods which they will use, read of, or hear of, in their clinical years. These units will also be kept constantly in readiness for third or fourth year students who may wish to elect a course in advanced human physiology or for house officers whose clinical problems stimulate a desire to return for brief periods of special work.

In order that other parts of the course might be suitably modified, and also easily changed to meet new requirements, the 6 large classrooms on the second floor have been extensively renovated and made highly adaptable for all sorts of animal or human physiology. Each room has been equipped with wall tables, 3 large sinks, 9 movable student desks, 2 bulletin boards, a blackboard for laboratory conferences, a large wall clock for accurate timing, and a smoking hood with built-in shellacking and drying units for long or short kymograph records. To ensure maximal adaptability for class work and for research work between classes, 6 floor boxes under removable flush covers have been installed in each room to supply services to the movable tables in any desired arrangement. Each floor box provides alternating and direct current, compressed air for artificial respiration, suction, a time marker circuit and a spare installation of piping in which may be inserted later any additional wiring that future developments dictate. Tables can be placed as needed and all connections are out of the way.

All student apparatus is now stored in lockers situated in the corridors. The trays in these lockers fit also into the movable desks so that the beginning of each day's work finds none of the confusion that arose from storage in the fixed desks previously located in each classroom. The prime purpose of these alterations was to provide rooms adaptable enough to meet with equal ease any requirements from single tables for orthodox muscle-nerve experiments to groups of tables for work on anesthetized animals or for equally demanding human physiology. Moreover these rooms are now also excellent for student or graduate research work in the interim between classes.

These physical arrangements have been described in some detail because retention of the irreplaceable and fundamentally important parts of animal or tissue physiology, with simultaneous inclusion of a greater amount of human physiology for a class of 130 students each year, is possible

only if the laboratories are highly adaptable. Limited space will permit giving only a brief list of the main subjects covered in the most recent course which included 31 laboratory days from May 22 to September 7 of this year. It was necessary to prepare a new laboratory manual because a considerable number of these laboratory exercises had not been presented to medical students before. For convenience the main subjects can be grouped as follows:

- | | |
|--|---------------|
| (A) Observations on man | 15 to 17 days |
| (B) Experiments on anesthetized animals | 9 days |
| (C) Analytic experiments on isolated tissues or organs | 6 days |

It is apparent that slightly over half of the laboratory work can be devoted profitably to detailed and quantitative observations of function in the human being. It is doubtful whether much more than half should be allocated to man until the pre-medical training of the future covers the fundamentals of physiology and the method of scientific observation, far better than it now does. To omit any of the animal or tissue experiments would greatly weaken the laboratory course because each contribute a point of view, or analysis of function, that cannot yet be covered adequately by any observation on the normal human being. These animal experiments have, however, been made as dependable and quantitative as possible by improving or renewing necessary equipment. Whenever possible the day's work ends with some elementary pathologic physiology for contrast with normal responses.

Of much greater importance, however, is the order and manner in which these experiments are presented to medical students. The essential question is: "Should medical students be introduced to physiology by a detailed study of one tissue, e.g. the frog's gastrocnemius muscle—or should they be introduced at once to the human being as a complex, integrated, functioning organism?"

To begin in the first laboratory hours of

a course in medical physiology with a brief, general study of certain gross and easily observable responses of the normal human being is not only logical but also advantageous for medical students. These future physicians learn at once, with a minimum of unfamiliar apparatus and a maximum of observation, that carefully planned, well controlled and systematically recorded studies on man can be quantitative and revealing. This is true even while they find that the answers themselves give rise to still more questions.

Guided by detailed laboratory instructions they discover the meaning, for man specifically, of important general concepts such as "the normal state," "biological variation," "control observations," "control period," and "reaction to stress." They can hardly escape being interested because these studies are obviously related to their future work as physicians. The perplexity that this abrupt introduction may produce dare not be overdone lest a superficial "practical" attitude is developed. But as a brief introduction two days' work on man is a useful and stimulating experience for students very few of whom have ever before been required to think in terms of many variables. It has been interesting to observe how the more thoughtful students discover for themselves the value of fundamental analytic studies on simple preparations such as the heart of the turtle, the muscle, nerve or capillaries of the frog and the smooth muscle of the rabbit's intestine. Even the less thoughtful students, usually blasé and impatiently skeptical of physiology's usefulness to them, are more apt to become interested when they are confronted first of all with some of the perplexing and interlocking reactions of the intact human being.

If, as is the case in many physiology courses, the observations on isolated tissues are presented first, and without prior experience with the whole organism, the average student tends to regard them as delaying, technical exercises which have no discernible relation to the human being, normal or abnormal. Introduced somewhat

later, these same exercises demonstrate the role that "pure" physiology plays in medicine. Just as ontogeny is reminiscent of phylogeny and evolution, so the embryonic physician in his gestational period can profitably recapitulate a few of the questions and answers which have required the development of physiology as a "pure" science.

Thus, on the first day of the course just completed, 4 laboratories, each accommodating 30 to 35 students, resembled a large out-patient examining room rather than a physiological laboratory. The freely movable flat-topped tables were grouped together to provide places for subjects in rotation to assume the recumbent, sitting or standing position. With several clinical types of sphygmomanometers the students in groups of 2 or 3 first mastered the palpatory and auscultatory techniques for measuring blood pressure in man and then immediately began to observe the effects of everyday stresses on cardiovascular responses. These stresses included change of posture to the sitting and then the standing position, deep breathing, breath holding, graded exercise, and pain as produced by immersing the hand in ice water. The first day's work ended with each student performing the physical fitness test devised by the Harvard Fatigue Laboratory. The figures representing "physical fitness" were collected and in a succeeding conference hour a distribution curve was prepared to illustrate "biological variation" in physical fitness as revealed by this test in a group of technically normal subjects. The importance of protocols, control periods, and accurate timing of observations was stressed from the very beginning, with the aid of the new laboratory manual which gives examples of a few protocols but leaves the remainder to the students to prepare.

The second day was devoted to a careful examination of the peripheral circulation and minute vessels in man with particular reference to skin color, arterial and capillary pulses, and the contour of the veins as affected by reactive hyperemia, venous

congestion, collateral blood flow, dependency, elevation, heat, cold, vasoconstriction by epinephrine and vasodilatation by histamine. Apparatus was limited to the blood pressure cuff, the wall clock in each laboratory, and a simple finger plethysmograph. Most emphasis was placed on protocols and the accurate recording of subjective and objective effects. While the circulatory system was used this year, for these introductory exercises, the nervous system or skeletal muscle could be used almost as well. Some time in the future these approaches will also be tested.

The whole class having been simultaneously introduced in this fashion to the general method of observing the human being, there followed a series of four days of work by sections. These consisted of extensively revised analytic exercises in which the sections rotated in sequence through 4 units, which provide 2 days' work on the turtle heart, one day on the frog's capillaries, and one on the blood pressure of the anesthetized cat. Each day's work ended with an introduction to pathological physiology, e.g. for the turtle heart, heart block and induced fibrillation; for the frog's capillaries, the local effects of mechanical trauma and a severe thermal burn, as well as the general effects of severe hemorrhage; for the anesthetized cat, the general effects of hemorrhage and the value of fluid replacement. It has been gratifying to observe the interest with which these exercises were performed *after* the students had been briefly introduced to the complexity of cardiovascular function as observed from the exterior in man. From this time on, the general point of view having been developed, the laboratory work became by necessity more varied, one section beginning a rotation through the units for special human physiology, a second on respiration and acid-base equilibrium in man, and the third and fourth on an analysis of normal and abnormal function in muscle and nerve. Rotation continued, of course, until each section had covered all the topics in the list given above.

The lectures have been modified only to the extent of stressing principles, points of view and recent work rather than facts which are available in text books or from laboratory work. Effort is made to prevent the laboratory exercises from degenerating into mere verification of lecture or text book material and to avoid the recurring question, "Is this what we were supposed to get?" Each laboratory day is followed by a conference beginning at 4.30 p.m. for the purpose of bringing together and comparing the results of various groups in each section. The day's work is summarized, the general principles stated and aberrant results obtained by single groups are contrasted carefully with the average results obtained by the remaining groups. The fallacy of drawing conclusions from a single organism or tissue preparation becomes evident and the necessity in medicine of basing conclusions on a number of similar observations emerges very clearly.

Correlation conferences for the whole class, sometimes based on abbreviated and simplified case histories, were added to the schedule to permit quiz-discussions of such complex subjects as syncope, shock, dyspnea, the effects of hemorrhage, and the pathogenesis of edema. Elective seminars were arranged to permit a volunteer group of about 25 abler students to read and report on original literature. The five general subjects covered this year were: peripheral resistance and hypertension, blood substitutes, the synapse, carbonic anhydrase, and the electroencephalogram. At the Beth Israel Hospital staff physicians, as in previous years, demonstrated and discussed patients with clinical conditions which could be correlated with the lectures in physiology. This is an elective course but the entire class always attends, indicating a vivid interest in all matters clinical.

The course as outlined is obviously difficult. Some of the laboratory days are so full that only the very able students can finish in the available time. It is not proper, however, to permit the capabilities of

the lower half of the class to determine the amount or nature of material offered. It would seem better to have the poorer students realize quite promptly that ability to work efficiently and to assimilate new information is also subject to biological variation and to training. After all, in medicine any subject offers more than can be assimilated in the brief time allotted in the curriculum. If the essentials are covered, a clear sense of incompleteness at the end of the course is a healthy state of mind which may stimulate further reading or elective work in the third and fourth years.

Finally, clinical teachers and various examining boards have complained repeatedly that students, interns, residents and even specially trained physicians tend to neglect the observational and physiologic approach to clinical problems, becoming thereby unduly dependent on "rules of thumb," instruments, laboratory analyses and special tests. While physiology is only one of the pre-clinical sciences, it should assume special responsibility for beginning proper habits in observation and interpretation of interlocking functions. In the physiology laboratories, for the first time in their long education, students can logically be faced with the whole human being. It would be premature to conclude just how this can best be done but cautious experimentation in pre-clinical pedagogy is needed. The course in medical physiology which has been outlined here very briefly is an experiment of this type. Despite the disadvantages of an accelerated program and less pre-medical training than usual, this pilot experiment has been highly encouraging. The subject matter has been stimulating to the students and also interesting to the teaching staff. Moreover, the staff is fortunate in having before it unlimited possibilities for further experimentation and research because the extensive subject matter of physiology and the exceptional adaptability of the laboratories offer easy and continuous adjustment to new requirements.

Internships Class of 1944

BEGINNING OCTOBER 1944

<i>Name</i>	<i>Service</i>	<i>Hospital</i>
Bahnson, Henry T.	Surgical	Johns Hopkins Hospital, Baltimore, Md.
Ballinger, Charles S.	Surgical	Peter Bent Brigham, Boston
Barker, Wiley F.	Surgical	Peter Bent Brigham, Boston
Barness, Lewis A.	Rotating	Philadelphia General, Philadelphia, Pa.
Barnett, Lyndon R.	Rotating	Geisinger Memorial, Danville, Pa.
Barnum, Francis G., Jr.	Surgical	Massachusetts General, Boston
Becker, Bernard	Rotating	Mt. Sinai, New York City
Bedell, Wallace C.	Surgical	Massachusetts General, Boston
Beidleman, Barkley	Rotating	Pennsylvania, Philadelphia, Pa.
Biegel, Albert C.	Rotating	Denver General, Denver, Colo.
Bliss, Harry A.	Medical	Massachusetts General, Boston
Blom, Gaston E.	Medical	Presbyterian, New York City
Bradley, David J.	Surgical	Univ. of California Hosp., San Francisco
Brantley, Julian T.	Surgical	New Haven Hospital, New Haven, Conn.
Breidenbach, Warren C., Jr.	Rotating	Univ. Hosp. (Starling-Loving), Columbus, O.
Brody, Eugene B.	Psychiatry	New Haven Hospital, New Haven, Conn.
Burwell, E. Langdon	Medical	Peter Bent Brigham, Boston
Bush, Robert C.	Rotating	Hartford Hospital, Hartford, Conn.
Butcher, Harvey R., Jr.	Surgical	Barnes, St. Louis, Mo.
Caputi, Anthony P.	Rotating	Rhode Island, Providence, R. I.
Castaner, A. A.	Rotating	Bayamon Charity Dist. Hosp., Bayamon, P.R.
Chambliss, John R.	Medical	Boston City, Boston
Chimiklis, Arthur G.	Rotating	Rhode Island, Providence, R. I.
Coleman, Thomas H.	Fellowship in Path. (3 mos.) Rotating	Wesley Memorial, Chicago (Jan. 1-Oct. 1, '45)
Collett, James R.	Rotating	Medical College of Virginia Hosp., Richmond
Connolly, Neville K.		England
Cook, Charles D.	Medical	University of Minnesota, Minneapolis
Crawford, John D.	Pediatrics	Massachusetts General, Boston
Crocker, Seth C.	Medical	Boston City, Boston
d'Autremont, Chester C.	Rotating	Hartford Hospital, Hartford, Conn.
Davis, William M.	Medical	St. Luke's, New York
Doisy, Edward A.	Medical	Massachusetts General, Boston
Evans, Sheridan S.	Surgical	Massachusetts General, Boston
Fallon, Robert T.	Surgical	Boston City, Boston
Faloon, William W.	Rotating	Pennsylvania, Philadelphia, Pa.
Figley, Melvin M.	Medical	Lakeside Hospital, Cleveland, Ohio
Gabuzda, George J., Jr.	Rotating	Pennsylvania, Philadelphia, Pa.
Gilman, John F. W.	Rotating	Lenox Hill, New York City
Gilmore, Frederick R.	Rotating	Jefferson, Philadelphia, Pa.
Goade, William J., Jr.	Rotating	Buffalo General, Buffalo, N. Y.
Goodale, Walter T.	Medical	Peter Bent Brigham, Boston
Goodall, Edwin B., Jr.	Rotating-Surgical	Henry Ford Hospital, Detroit, Mich.
Greene, Richard	Medical	Massachusetts General, Boston
Groff, A. Edward	Medical	Presbyterian, New York City
Haley, Warren D.	Rotating	Springfield Hospital, Springfield, Mass.
Hanks, Boyce L.	Surgical	Barnes, St. Louis, Mo.
Harris, Edward C., Jr.	Rotating	Milwaukee County Gen., Milwaukee, Wisc.
Harris, John W.	Medical	Boston City, Boston
Heimberg, Felix	Surgical	Beth Israel, Boston
Held, Alvin T.	Rotating	St. Luke's, Chicago
Hemstead, George W.	Rotating	Albany Hospital, Albany, N. Y.
Herter, Frederic P.	Surgical	Presbyterian, New York City

Hertzog, Frank V.	Rotating	Albany Hospital, Albany, N. Y.
Higgins, Robert B.	Surgical	Peter Bent Brigham, Boston
Hightower, Charles C., Jr.	Rotating	Touro Infirmary, New Orleans, La.
Holder, Richmond	Medical	Massachusetts General, Boston
Holt, Earl K., Jr.	Surgical	Boston City, Boston
Horrell, Jonathan B.	Surgical	Boston City, Boston
Jaretzki, Alfred 3d	Surgical	Presbyterian, New York City
Johnson, Ben B.	Pathology	New York Hospital, New York City
Jones, Cyril J.	Rotating	Goldwater Memorial, New York
Kaess, Kenneth R.	Rotating	Univ. of Chicago Clinics, Chicago
Kahn, Ernest	Medical	Beth Israel, Boston
Kernan, Reginald	Pathology	Massachusetts General, Boston
Kerr, William J., Jr.	Medical	Peter Bent Brigham, Boston
Ketchum, William F.	Medical	Peter Bent Brigham, Boston
Kimball, Walter S.	Rotating	King County Hospital System, Seattle, Wash.
Kirby, Francis A., Jr.	Surgical	Boston City, Boston
Klein, Robert Z.	Medical	Children's, Boston
Koeniger, Peter J.	Rotating	Albany Hospital, Albany, N. Y.
Lamb, Samuel R.	Medical	Peter Bent Brigham, Boston
Larsen, William G.	Surgical	Presbyterian, New York City
Lerner, Edwin M., 2d	Pathology	Children's, Boston
Lipin, Theodore	Neurology	Boston City, Boston
Little, David M., Jr.	Rotating	Hartford, Hartford, Conn.
Litzenberger, Willard A.	Rotating	Geisinger Memorial, Danville, Pa.
McClellan, Samuel A.	Rotating	Cook County, Chicago
McConahy, John	Rotating	Madison Gen., Madison, Wis. (Jan.-Oct. 1, '45)
McElin, Thomas W.	Rotating	Passavant Memorial, Chicago
McLaurin, Robert L.	Medical	Peter Bent Brigham, Boston
Meadows, Edmund C.	Rotating	U. S. Navy, Bethesda, Maryland
Merrill, Keith, Jr.	Surgical	Roosevelt, New York City
Middlebrook, Gardner	Medical	Massachusetts General, Boston
Millard, David R., Jr.	Surgical	Children's, Boston
Miller, Lewis R.	Medical	Univ. Hosp. (Starling-Loving), Columbus, O.
Miller, Wallace E.	Rotating	Indianapolis City, Indianapolis
Mitchell, George A.	Rotating	Baroness Erlanger, Chattanooga, Tenn.
Mithoefer, John C.	Rotating	Cincinnati General, Cincinnati
Morton, Douglas R.	Rotating-Surgical	Univ. of Chicago (Billings), Chicago
Moss, Charles N.	Surgical	Peter Bent Brigham, Boston
Murphy, John C.	Rotating	Los Angeles County General, Los Angeles
Nelson, Jere J.	Rotating	St. Vincent's, Portland, Oregon
Olmsted, Richard W.	Pediatrics	New Haven Hospital, New Haven, Conn.
Paine, Richmond S.	Medical	Children's, Boston
Paine, Robert	Medical	Barnes, St. Louis
Patey, Robert T.	Rotating	Ancker, St. Paul, Minn.
Patterson, James F.	Medical	Boston City, Boston
Pfeffer, William, Jr.	Medical	Children's, Boston
Pfeiffenberger, Mather	Rotating-Surgical	Henry Ford Hospital, Detroit
Phifer, Robert L.	Surgical	Peter Bent Brigham, Boston
Porrata, Jose L.	Rotating	Bayamon District Hosp., Bayamon, P. R. (Sept. 1, '44-Aug. 1, '45)
Porter, Huntington	Neurology	Boston City, Boston
Quarton, Gardner C.	Medical	Boston City, Boston
Randall, Alexander, 3d	Rotating	Univ. of Pennsylvania Hosp., Philadelphia
Rheinlander, Harold F.	Surgical	Peter Bent Brigham, Boston
Richardson, William R.	Surgical	Massachusetts General, Boston
Riemenschneider, Paul A.	Medical	Univ. Hospitals of Cleveland (Lakeside)
Robinson, Bernard W.	Rotating	Freedmen's, Washington, D. C. (Jan. 1-Sept. 1, 1945) (MGH until Dec. 30)
Robinson, James W.	Rotating	Pennsylvania, Philadelphia, Pa.
Rosenbaum, Harold D.	Medical	Peter Bent Brigham, Boston

Sanchez-Ubeda, Rafael	Rotating	Rhode Island, Providence
Schaeffer, William A.	Rotating	Univ. Hosp. (Starling-Loving), Columbus, O.
Schlessinger, Paul J. R.	Rotating	Rhode Island, Providence
Schwab, Louis	Medical	Children's, Boston
Scott, Murray W., Jr.	Surgical	Massachusetts General, Boston
Scully, Robert E.	Pathology	Peter Bent Brigham, Boston
Selverstone, Louis A.	Medical	Boston City, Boston
Sharpe, Myer	Medical	Beth Israel, Boston
Shaw, Paul S.	Rotating	U. S. Navy, Great Lakes
Shoob, Milton P.	Rotating	King's County Hosp., Long I. Coll., Brooklyn
Speck, Carl T., Jr.	Surgical	Boston City, Boston
Stetson, Chandler A., Jr.	Medical	Children's, Boston
Talbert, John D.	Medical	Barnes, St. Louis, Mo.
Taylor, Joseph W., Jr.	Rotating	U. S. Navy, Jacksonville, Fla.
Taylor, Robert W., Jr.	Medical	North Carolina Baptist, Winston-Salem
Thatcher, Blair van H.	Surgical	Massachusetts General, Boston
Todd, Donald P.	Surgical	University Hospitals, Cleveland
Tower, Donald B.	Surgical	University Hospitals, Minneapolis
Trott, Arthur W.	Surgical	Boston City, Boston
Wall, James	Surgical	Boston City, Boston
Wallace, Edward P.	Surgical	Children's, Boston
Weaver, Neill K.	Rotating	Allegheny General, Pittsburgh
Wiegenstein, John T.	Medical	Boston City, Boston
Wigglesworth, William C.	Surgical	Massachusetts General, Boston
Wilkins, Earle W., Jr.	Surgical	Massachusetts General, Boston
Wilson, John C., Jr.	Surgical	Massachusetts General, Boston
Wood, Frederick W., Jr.	Surgical	Roosevelt, New York City
Woodworth, Harold C.	Rotating	Mary Hitchcock Memorial, Hanover, N. H.
Yatsushashi, Masao	Surgical	Massachusetts General, Boston



The War and the Internment Camp at Manila

HUGH L. ROBINSON, '22

In the fall of 1941 I was living at Tunghsien, China, just thirteen miles east of Peking, engaged in hospital work under the American Board Mission. The spring before, I had sent my family off to America, at the insistence of the State Department who thought the Three Power Pact might well mean war any time. Many of us men of the mission stayed behind, with the idea that we would probably have enough warning to get away at the end, though we knew we were taking a chance. After Tojo took office in September, a group of us thought that change was our warning, and so we set out for the United States. To board a trans-Pacific liner we had to go by train to Shanghai, and then by French boat to Manila. On our way the international tension became more and more menacing. We were pretty agitated as we listened to the radio news, for we felt that if we could only get to Manila and be under the American flag, our troubles would be over. Little did we know . . .

It was late in the evening of December 7, Manila time, that we docked. The steward let a hundred or so of us sleep on board that night, but at 6.45 the next morning he was roaring down the hallway, yelling in his Frenchy English, "Get off the boat—Pearl Harbor has been bombed—get off the boat." The Vichy captain had the mistaken idea he could escape to Saigon. We got off the boat all right, and in record time. It was not many hours before it began to dawn on us that lucky as we might think we were to get so far before being overtaken by war, we were to be there for a while, no boat was going out, maybe for several weeks. Little did we know . . .

Two other physicians and I, all of us transients in Manila, drifted together, and went to the colonel in charge of Sternberg

Army Hospital, and got ourselves hired as civilian employees. We were assigned to Annex D, formerly a women's college, and in a couple of days convalescent patients were sent to us from the main hospital. There were men wounded at Clark Field, at Nichols Field, at Cavite, and at the gulf of Lingayen, with machine-gun bullets, bomb fragments, occasionally even by rifle bullets or bayonets. Room had to be made at Sternberg for the new severe cases and soon we got their cases of tuberculosis, venereal disease and neuropsychiatric diseases. Army doctors did the administration but we three civilians took care of the patients. By the 24th there were over 600 of them, and we kept pretty busy.

Christmas Day, just after we had had a fine dinner of extra rations, the army captain in charge called the whole staff together, army doctors, Filipino interns, civilian physicians, the Maryknoll sisters who were doing the nursing, and all their student nurses formerly of St. Paul's Hospital, the orderlies, cooks and guards. He told us that the American armies could not hold, that Manila would be taken soon, that the medical personnel would be the last to leave the city, and might even have to stay so long that they would have to surrender to the Japanese, and that we civilians could stay by and do what the Japanese told us to do, or we could shift for ourselves. For the present the patients were not to be told. One could have heard a pin drop. What a Christmas present!

The next few days were devoted to getting done what few operations were imperative, to taking the fracture cases out of traction and putting them into plaster, and to making sure that every record had a complete diagnosis with a history of just how each man was wounded. The captain told us how to divide the patients into various lists, but would not tell us for

what reason. The first listing was a division into those with prognoses of quick, delayed, or indefinite recovery. That list was discarded and another, a little different, was made. That too was discarded and the third listing was of only two categories—ambulatory and non-ambulatory. By the time all this was done it was the morning of the 31st. That afternoon the non-ambulatory cases went to Australia by Red Cross Hospital Ship. If we civilian doctors had been a little brighter we might have fixed it to go with them. We did not know what was up till it was all over. Late that night the ambulatory patients, the guards, all the army personnel, sailed for Corregidor. They forgot to take their precious records.

The next day, New Years 1942, we civilians could see no point of staying around an empty hospital, so we moved to the home of friends. The Japanese were expected any moment. All United States forces had gone to Bataan or Corregidor. Only damaged bridges held back the Japanese. The next afternoon they came, just a few, half a dozen motorcycles down Dewey Boulevard, a couple of truckloads of infantry in Taft Avenue. The city had fallen. The Filipinos stopped looting each other's goods and awaited events. We Americans lay low and kept off the streets.

January 5 was the day that the Japanese came for us and interned us at Santo Tomas University. No Japanese was there to take our names, or to search us, or to ask us any questions, or to tell us what to do. There was no provision for sleeping or eating. We were on our own. The next day the Red Cross had a cup of coffee for every one, soon after they fed the indigent and the children, and by the end of the month they got their supplies into the camp and organized everything well enough to begin to feed everyone in camp. One item they had on hand was cracked wheat, tons and tons of it, originally destined for China for relief purposes. So we had cracked wheat for our morning meal every day until it was gone, more than four months. Of course it was

not so good at the end as at the beginning, in that climate, but even then, after 50 women had spent two hours and a half picking it over, we ate it readily enough, taking care only to think no weevil, and see no weevil. When that was gone we had rice for the morning meal as well as in the afternoon. Sometimes there were sweet potatoes, often bananas, generally a vegetable like egg-plant, okra, squash, turnip, string beans, or talinum, a miserable leafy vegetable. Every day there was a piece of meat or a duck egg, but by the fall of 1943 such things came only three times a week.

July first, 1942, the Japanese forced the Red Cross to quit feeding us, and the Japanese, being at a loss how to go about provisioning us, just gave us an allowance. For gas, light, water, upkeep, improvements, medical supplies and food they gave our Committee on Finance and Supply \$0.35 a day in Japanese military notes. Our committee had gate passes, and did their purchasing in the city. When inflation forced prices up 300%, the Japanese graciously increased our allowance by 23%. We got less quantity and poorer quality all the time. By the fall of 1943 we were reduced to 1600 calories a day, less than 50 grams of protein, and a sad deficiency in vitamin B and in calcium.

In the first days of the camp we doctors organized a medical service. There were nearly a dozen physicians interned, and more as collections of "enemy aliens" were made from remote points. There were plenty of nurses, and we had more volunteers for orderly posts than we could use. We got to the School of Mines ahead of the Room Assignment Committee, and made the classroom into an outpatient department, the kitchen into a laboratory, the dentists sent for their chairs and put them up among the metallurgical furnaces, and we made the big rooms at the ends of the building into wards for men and for women. One of the internees was the proprietor of a circus, and he sent out to his Filipino partners, and had his tents sent in. We pitched them on the lawn behind

the building, and used them for isolation for the great number of sailors who entered the camp with acute venereal disease. We got lots of supplies sent in to us by helpful Filipino friends and doctors and by the fourth day of the camp we had our hospital working, saw more than 100 outpatients, and nearly filled our seventy beds. In the spring a special children's hospital was fixed up to separate the squalling infants from the older patients, and in August we were able to move into another building with larger quarters, where we had room for 125 patients, a better outpatient department, and a real place for the dentists, physiotherapy and the laboratory. As our population increased, and especially after May 1943, when the Japanese changed their policy and brought back into camp those they had previously released, the elderly and decrepit, the tuberculous, the diabetics, those with severe and chronic disabling diseases, the young mothers with little children, the work of the hospital increased very considerably. By that time most of those interned in the southern islands had been brought to Manila and the number of interned physicians increased.

At first people thought internment would not last long, that MacArthur and the Marines would be back in three weeks. As time went on they finally made up their minds to settle down for a longer period. They sent for awnings, for lumber, bamboo, prefabricated nipa roofs, and erected themselves shacks on the camp premises. By the time I came away there were 600 private shanties in the camp, arranged in municipalities—Glamorville, Froggy Bottom, Shantytown, and so on, each with a mayor and night watchmen. The shacks afforded people a place to eat together as families, to discuss rumors, play contract and to have some privacy. They returned to their rooms in the main building at night.

The Recreation Committee had two eight-team leagues of baseball for men, and one for women, and basket-ball courts. They procured a good victrola and a pub-

lic address system, so that every evening people took their chairs onto the front lawn and listened to two hours of music, and then went at nine to their rooms for roll-call by the monitors. Our Committee on Statistics were the ones who knew who was in camp, the Japanese had no records of their own. There were about fifty each of Poles and Dutch, 800 British, 3000 Americans, a Nicaraguan, a couple of Mexicans, a dozen or so de Gaullists, and two Spanish Republicans. We had perhaps 300 American negroes, many of them Spanish War veterans, several hundred part Filipinos, American citizens, a good many who were part Chinese, British Indians, at least three who were half Japanese-British subjects, and several American Indians.

There were more than 400 school children in camp, and all the American School teachers, college professors, and wise men in Manila. We organized a school for all from kindergarten to two years of college. We had adult education, too, classes in languages, economics, engineering, navigation, accounting, music appreciation and seminars on post-war planning, and science.

There was a canteen in camp where people could buy extras: vegetables, fruit, household utensils, meat and eggs, and it did \$1000 worth of business a day. Where our money came from is still a secret, but we had all we needed.

The Japanese were amazed. We had everything organized, everything planned. We altered the buildings for our own purposes, built extra toilets and extra showers, put in new water and gas pipes, improved the lighting, enlarged the sewers, mowed the lawns, trimmed the trees and shrubs, cleared the automobile frames out of the dump, and planted a garden on it, completed an elaborate system of drainage ditches and made ourselves as comfortable as any one can be in an internment camp. The administration of the camp was all our own, all under the Central Executive Committee. The Japanese guards were at the gate and there was an office force of three civilian Japanese.

We knew about the atrocities in the war prisoners' camp. We had ways of knowing. We had the world news, too, and it was not all from the pro-Japanese Manila papers, either. How that arrived is still a secret. We knew there were groups of American prisoners working in the port area, others driving captured American trucks for the Japanese. One day when I was out of camp I saw American prisoners driving captured American tanks and jeeps through the streets of Manila, for the filming of the Japanese film, "Down With the Stars and Stripes." Spanish and Filipino society girls bombarded the Americans with flowers and cigarettes; there was nearly a riot. The girls were arrested but the Japanese could not imprison the daughters of their highly placed puppets, and they let them go.

July 22, 1943 the head of our Executive Committee told me very confidentially that my name was on the list of those to be exchanged, to go to the United States in a few weeks. I was greatly surprised, and even now I am still surprised. Only 127 of us, besides 24 American consuls and their families, left the Philippines, out of nearly 5000 Americans in the islands, in all the different camps. The Swiss in Shanghai had to make up the lists and they were not allowed any access to the camps in the Philippines, unlike the situation in China. It must have been that my friends in Shanghai induced them to list me. It was over two months before we actually left.

September 26 we spent all day on the train from Manila to San Fernando and there went out in scows to board the Teia Maru, an old French boat the Japanese had commandeered. She was equipped for 300 passengers, and counting all that had boarded her in Japan and China, there were 1500 of us on board. That meant there were double-decker wooden bunks in all the public rooms and 500 men in the

hold. The ship was a firetrap and lifeboats were not provisioned, the port falls were rotten, water ran from the faucets only two hours of the twenty-four, but no one complained at all. We were perfectly happy as long as the propeller turned over. We made a call for a couple of dozen passengers at Saigon, we took on oil and water in the roads ten miles from Singapore, and then went southeastward through the Sundra straits that separate Java from Sumatra, and finally turned west. October 14 we reached Mormugao Harbour in Portuguese India.

The next day the Gripsholm arrived from New York with the 1500 Japanese for whom we were to be exchanged. In order to be sure the Japanese captain took the Red Cross freight with him, we stayed on the Teia Maru four more days, while the Gripsholm's freight was transferred, and finally, on October 20, the 1500 bedraggled, dirty, lean, and hungry Americans, Canadians, Chileans and so forth, went over onto the Gripsholm and the 1500 sleek Japanese with flossy baggage and snappy American clothing boarded their own boat. It was all right with us—we were going the right way, and we knew it; they were going the wrong way, and we thought they knew it too.

All this was a year ago. Little news has come from the Philippines since then. Things must be going on as before, with scarcer medical supplies, poorer and less food. A few cables have come through—we know the Red Cross and personal packages that went east on the Gripsholm finally reached Manila, but we don't know what another year's internment has done to the people there. In retrospect I have one regret—that I shall not be there on the last day to see the gates open—and one most poignant memory: the sea of upturned faces that longingly followed us with their eyes, as our trucks drove out of the camp that memorable dawn a year ago.



Military News



The following list brings the Harvard Medical School graduates in the service up to 1646. The * denotes change in rank or station. Lack of space makes it impossible for us to publish in each issue anything but the changes and the new names. The Alumni Office would appreciate additions or corrections.

1903

- *Comdr. Frederick J. Bailey, Navy, U.S.S. Somerset, Boston, Mass.
Capt. Joseph R. Phelps, Navy, Naval Dispensary, Univ. of Calif., Los Angeles, Calif.

1909

- Lt. Comdr. William D. Reid, Navy, Veterans Admin. Fac., Aspinwall, Pa.

1912

- *Comdr. Whitman K. Coffin, Navy, Norfolk Navy Yard, Portsmouth, Va.

1913

- *Capt. Irving W. Jacobs, Navy, U. S. Naval Hosp., San Diego, Calif.

1917

- *Capt. Robert P. Parsons, Navy, U. S. Naval Hosp., Shoemaker, Calif.
*Capt. Walter J. Pennell, Navy, U. S. Naval Hosp., Parris Island, S. C.

1919

- Lt. Col. Joseph Boch, Army, Veterans Admin. Fac., Bronx, N. Y.

1920

- *Major John J. Sampson, Army, Birmingham Gen. Hosp., Van Nuys, Calif.

1921

- *Lt. Col. Tracy B. Mallory, Army, A.P.O. 570, New York, N. Y.

1922

- *Capt. Moses Kopel, Army, A.P.O. 928, San Francisco, Calif.
*Major Kenneth L. MacLachlan, Army, A.P.O. 7853, New York, N. Y.
Capt. Blackwell Markham, Army, A.P.O. 361, New York, N. Y.
*Lt. Col. Grantley W. Taylor, Army, A.P.O. 512, New York, N. Y.

1923

- *Comdr. Mark L. Gerstle, Jr., Navy, Armed Forces Induction Center, Los Angeles, Calif.
*Comdr. George S. Miles, Navy, F.P.O., San Francisco, Calif.
*Col. Herbert B. Wright, Army, A.P.O. 633, New York, N. Y.

1924

- Capt. Edwin G. Graves, Navy, F.P.O., San Francisco, Calif.
*Col. Herman A. Lawson, Army, A.P.O. 689, New York, N. Y.
*Lt. Col. Morris E. Missal, Army, AAF Regional Sta. Hosp., Langley Field, Va.
*Col. Ashley W. Oughterson, Army, A.P.O. 502, San Francisco, Calif.
*Lt. Col. John W. Pennock, Army, Ashford Gen. Hosp., White Sulphur Springs, W. Va.
Major William W. Woodruff, Army, Sta. Hosp., Ft. Lewis, Wash.

1925

- *Lt. Col. Montgomery Blair, Jr., Army, Birmingham Gen. Hosp., Van Nuys, Calif.
Comdr. Ralph M. Crumrine, Navy, U. S. Naval Hosp., Bainbridge, Md.
Comdr. Ralph K. Miller, Navy, Air Sta., Cherry Point, N. C.
Capt. Neil Millikin, Army, A.P.O. 635, New York, N. Y.
*Major Norman B. Murphy, Army, A.P.O. 5569, New York, N. Y.
*Lt. Col. Howard A. Patterson, Army, A.P.O. 464, New York, N. Y.
*Lt. Comdr. John G. Raymer, Navy, F.P.O., New York, N. Y.
*Lt. Col. Wilmot C. Townsend, Army, A.P.O. 763, New York, N. Y.

1926

- Lt. Comdr. Jefferson Larkey, Navy 15, F.P.O., San Francisco, Calif.
*Capt. Robert C. Peale, Army, Base Hosp., McCook, Nebr.
*Comdr. John McG. Porter, Navy, U. S. Naval Hosp., San Diego, Calif.
*Comdr. Theodore C. Pratt, Navy, U. S. Naval Hosp., Chelsea, Mass.
*Lt. Col. Richard P. Stetson, Army, Thayer Gen. Hosp., Nashville, Tenn.

1927

- *Major Arthur C. Daniels, Army, Armed Forces Induction Center, Los Angeles, Calif.
*Comdr. James B. Graeser, Navy, Oak Knoll Naval Hosp., Oakland, Calif.
*Lt. Col. William G. Heeks, Army, A.P.O. 528-1, New York, N. Y.
*Comdr. Abraham Kaplan, Navy, F.P.O., San Francisco, Calif.
*Capt. Carl H. McMillan, Navy, Bureau of Med. & Surg., Washington, D. C.
Comdr. Herbert B. Nelson, Navy
*Major Alfred C. Ormond, Jr., Army, A.P.O. 134, New York, N. Y.

- *Lt. Col. Charles L. Parsons, Army, A.P.O. 376, New York, N. Y.
- Capt. Frederic A. Patterson, Army, Gen Hosp., Ft. Bragg, N. C.
- *Col. Ross Paull, Army, Letterman Gen. Hosp., San Francisco, Calif.
- *Comdr. James L. Sagebiel, Navy, Port Huene-mene, Calif.
- *Comdr. Reginald R. Steen, Navy, Naval Air Sta., Quonset Point, R. I.
- *Lt. Col. Albert J. Sullivan, Army, Hq. AAF Personnel Distrib. Command, Atlantic City, N. J.

1928

- *Comdr. Gaylord S. Bates, Navy, U. S. Naval Hosp., Corona, Calif.
- *Comdr. Virgil G. Casten, Navy, U. S. Naval Hosp., Pearl Harbor, Honolulu
- *Comdr. Richard W. Dwight, Navy, Naval Const. Train. Center, Davisville, R. I.
- *Comdr. Henry V. Findlay, Navy, Navy 817, F.P.O., San Francisco, Calif.
- *Major Richard Hamilton, Army, A.P.O. 38, San Francisco, Calif.
- Lt. Comdr. Gustaf E. Lindskog, Navy, U. S. Naval Hosp., Philadelphia, Pa.
- *Major Bernard J. Manning, Jr., Army, A.P.O. 506, New York, N. Y.
- *Lt. Comdr. Jacob L. Rudd, Navy, Navy 128, F.P.O., San Francisco, Calif.
- *Lt. Col. John D. Stewart, Army, A.P.O. 534, New York, N. Y.

1929

- *Lt. Comdr. Herbert D. Adams, Navy, Navy 10, F.P.O., San Francisco, Calif.
- *Capt. Hyman Cantor, Army, A.P.O. 763, New York, N. Y.
- *Lt. Comdr. Robert H. Goodwin, Navy, Navy 169, F.P.O., New York, N. Y.
- *Lt. Col. William F. Hoyt, Army, Glennan Gen. Hosp., Okmulgee, Okla.
- *Comdr. Eugene L. Jewett, Navy, F.P.O., San Francisco, Calif.
- *Lt. Comdr. Roy E. Mabrey, Navy, Navy 10, F.P.O., San Francisco, Calif.
- Lt. Comdr. Francis C. McDonald, Navy, Rec. Sta., South Boston, Mass.
- *Lt. Comdr. Albert E. Morris, Navy, Recruiting Sta., Columbia, S. C.
- *Major Edward Parnall, Army, Battey Gen. Hosp., Rome, Ga.
- *Major Hildrus A. Poindexter, Army, A.P.O. 93, San Francisco, Calif.
- *Major Harold M. Teel, Army, A.P.O. 155, New York, N. Y.

1930

- *Comdr. Alexander S. Dowling, Navy, Navy 117, F.P.O., New York, N. Y.

- *Major Donald E. Higgins, Army, AAF, Pocatello, Idaho
- *Lt. Col. Carl H. Hoover, Army, Camp Shelby, Miss.
- Major John F. Miller, Army, A.P.O. 834, New Orleans, La.
- *Major James T. Rankin, Army, AAF, Hendricks Field, Sebring, Fla.
- *Major William H. Snyder, Jr., Army, A.P.O. 689, New York, N. Y.

1931

- *Lt. Comdr. T. McDowell Anderson, Navy, Off. of Naval Officer Procurement, Phila., Pa.
- *Capt. John W. Canaday, Army, A.P.O. 627, New York, N. Y.
- Lt. Angelo W. B. Ciani, Army, Crile Gen. Hosp., Cleveland, O.
- *Comdr. Raymond J. Connors, Navy, F.P.O., New York, N. Y.
- *Major Champ Lyons, Army, A.P.O. 534, New York, N. Y.
- *Capt. Theodore B. Massell, Army, A.P.O. 220, New York, N. Y.
- *Major O. Theodore Roberg, Jr., Army, Bruns Gen. Hosp., Santa Fe, N. Mex.
- *Major Wyatt C. Simpson, Army, Sta. Hosp., Selman Field, Monroe, La.
- *Major Fred M. Slaughter, Army, A.P.O. 201, San Francisco, Calif.
- *Major Dudley W. Smith, Army, A.P.O. 403, New York, N. Y.

1932

- *Major John C. Angley, Army, A.P.O. 600, New York, N. Y.
- *Lt. Col. Henry K. U. Beecher, Army, A.P.O. 512, New York, N. Y.
- *Lt. Col. Frank B. Cutts, Army, A.P.O. 3492, New York, N. Y.
- *Lt. Comdr. Joseph B. Doyle, Navy, F.P.O., San Francisco, Calif.
- Lt. Comdr. S. Milton Dupertuis, Navy, U. S. Naval Hosp., Oakland, Calif.
- *Lt. Marcus E. Farrell, Navy, Naval Train. Corps, Sampson, N. Y.
- *Major Ward I. Gregg, Army, A.P.O. 403, New York, N. Y.
- *Major Arthur A. Holbrook, Army, A.P.O. 922, San Francisco, Calif.
- Major Scott S. McCune, Army, Sta. Hosp., Camp Pope, La.
- *Capt. Daniel M. McMartin, Army, A.P.O. 464, New York, N. Y.
- *Capt. Jesse S. Parker, Army, Gen. Hosp., Camp Ellis, Ill.
- Major James Stillman, Army, SAACC, San Antonio, Tex.
- *Major Claude E. Welch, Army, A.P.O. 764, New York, N. Y.

1933

- *Major George B. Beaman, Jr., Army, Reg. Sta. Hosp., Santa Ana, Calif.
- *Lt. Herbert E. Christman, Navy, 9th M.A.W., Cherry Point, N. C.
- Lt. Col. Alfred D. Doak, Army, A.P.O. 650, New York, N. Y.
- *Lt. Col. John E. Dunphy, Army, A.P.O. 519, New York, N. Y.
- *Comdr. Dana L. Farnsworth, Navy, U. S. Naval Medical Center, Bethesda, Md.
- *Lt. Comdr. Donald C. Gates, Navy, Dispensary Naval Air Sta., Norfolk, Va.
- Lt. James R. Hamilton, Army, A.P.O. 17172, New York, N. Y.
- Major Jerome S. Harris, Army, 4th Service Com. Lab., Ft. McPherson, Ga.
- *Major Samuel R. Irvine, Army, Orlando Field, Fla.
- Major Benjamin F. Miller, Army, 9005 Seneca Lane, Bethesda, Md.
- Lt. Newman C. Nash, Army, Fitzsimons Gen. Hosp., Denver, Colo.
- *Capt. Walter A. Reiling, Army, A.P.O. 813, New York, N. Y.
- Capt. Herbert S. Ripley, Jr., Army, A.P.O. 928, San Francisco, Calif.
- *Major Harold D. Smith, Army, Sch. of Aviation Med., Randolph Field, Tex.
- *Lt. Comdr. Daniel J. Sullivan, Navy, F.P.O., San Francisco, Calif.
- *Major Robert F. Warren, Army, Hoff Gen. Hosp., Santa Barbara, Calif.
- *Capt. Charles S. Whelan, Army, A.P.O. 384, New York, N. Y.
- *Capt. Robert O. Wilson, Army, Imperial Dam Eng. Sta., Yuma, Ariz.
- *Lt. Robert A. Youngman, Army, Gen. Hosp., Camp Campbell, Ky.

1934

- *Major Otto E. Aufranc, Army, A.P.O. 764, New York, N. Y.
- Lt. Francis H. Higgins, Navy, N.O.B., Norfolk, Va.
- *Lt. Comdr. Rutledge S. Lampson, Navy, F.P.O., New York, N. Y.
- *Lt. Comdr. Edwin B. McLean, Navy, Naval Air Sta., Willow Grove, Pa.
- Capt. Frederic W. Rhineland, 2d, Army, De Witt Gen. Hosp., Auburn, Calif.
- *Major Norman B. Roberg, Army, AAF, Amarillo, Tex.
- *Lt. Col. Fiorindo A. Simeone, Army, A.P.O. 519, New York, N. Y.
- *Major John J. Thornton, Army, A.P.O. 322, San Francisco, Calif.
- *Lt. Col. Richard Warren, Army, A.P.O. 519, New York, N. Y.
- *Major Thomas A. Warthin, Army, Sta. Hosp., Westover Field, Mass.

- *Major Meyer R. Whitehill, Army, A.P.O. 913, San Francisco, Calif.

1935

- Lt. John F. Bell, Army, Deshon Gen. Hosp., Butler, Pa.
- *Capt. Kasimier J. Bolanowski, Army, Separation Center, Ft. McPherson, Ga.
- *Capt. Travis A. French, Army, Sta. Hosp., Indiantown Gap, Pa.
- *Major Lewis A. Giffin, Army, A.P.O. 350, New York, N. Y.
- *Lt. Comdr. Mervyn H. Little, Navy, Crane, Ind.
- *Major Isaac H. Manning, Jr., Army, A.P.O. 587, New York, N. Y.
- *Capt. Richard H. Mellen, Army, O'Reilly Gen. Hosp., Springfield, Mo.
- Lt. Richard T. Munce, Army, Lawson Gen. Hosp., Atlanta, Ga.
- *Major Herbert Parsons, Army, A.P.O. 230, New York, N. Y.
- *Major Philip F. Partington, Army, A.P.O. 230, New York, N. Y.
- *Major Robert L. Rhea, Jr., Army, A.P.O. 922, San Francisco, Calif.
- *Lt. Comdr. Rex L. Ross, Jr., Navy, F.P.O., San Francisco, Calif.
- *Major Howard N. Simpson, Army, A.P.O. 622, Miami, Fla.
- *Capt. Robert G. Snow, Army, A.P.O. 923, San Francisco, Calif.
- *Lt. Col. John C. Snyder, Army, A.P.O. 787, New York, N. Y.
- *Lt. Gilmore W. Soule, Army, A.P.O. 726, Seattle, Wash.
- *Lt. Harmon J. Truax, Navy, Armed Forces Induction Center, Los Angeles, Calif.
- Capt. Howard P. Webb, Army, A.P.O. 9528, New York, N. Y.
- *Capt. Graham T. Webster, Army, A.P.O. 322, San Francisco, Calif.

1936

- *Major Noyes L. Avery, Jr., Army, Barnes Gen. Hosp., Vancouver, Wash.
- *Lt. Comdr. H. Stanley Bennett, Navy, F.P.O., San Francisco, Calif.
- *Capt. Edwin L. Cantlon, Army, A.P.O. 764, New York, N. Y.
- *Lt. Roger S. Downs, Navy, F.P.O., New York, N. Y.
- *Capt. Conrad E. Good, Army, A.P.O. 350, New York, N. Y.
- *Major Alfred T. Hamilton, Army, A.P.O. 350, New York, N. Y.
- *Major Dwight E. Harken, Army, A.P.O. 887, New York, N. Y.
- *Lt. Stanley G. Humphrey, Army, A.P.O. 143, New York, N. Y.

- *Capt. John H. Kennard, Army, A.P.O. 140, New York, N. Y.
- *Capt. Karl T. Langacher, Army, A.P.O. 689, New York, N. Y.
- Capt. Guy H. Laudig, Army, A.P.O. 764, New York, N. Y.
- *Major John D. Moorman, Army, A.P.O. 502, San Francisco, Calif.
- *Capt. Hurley L. Motley, Army, Maxwell Field, Ala.
- *Major Bradford N. Pease, Army, A.P.O. 782, New York, N. Y.
- Capt. Frederick E. Roach, Army, AAF, Childress, Tex.
- *Major Marshall deG. Ruffin, Army, AAF, Reg. Sta. Hosp., Coral Gables, Fla.
- *Major Vincent M. Whelan, Army, A.P.O. 517, New York, N. Y.
- *Capt. James F. Whitten, Army, Lovell Gen. Hosp., Ft. Devens, Mass.
- *Capt. Thomas C. Worth, Army, A.P.O. 871, New York, N. Y.
- *Capt. Bernard C. Glueck, Jr., Army, A.P.O. 634, New York, N. Y.
- *Lt. Comdr. Charles S. Hascall, Jr., Navy, F.P.O., New York, N. Y.
- *Capt. Benjamin L. Huntington, Army, A.P.O. 4755, San Francisco, Calif.
- *Major David B. Jennison, Army, A.P.O. 357, New York, N. Y.
- *Lt. Comdr. Hunt B. Jones, Navy, Dispensary, Naval Air Sta., Memphis, Tenn.
- *Major Frederic D. Lake, Army, A.P.O. 464, New York, N. Y.
- Lt. (j.g.) Stuart M. Lancefield, Navy, Puget Sound Navy Yard, Bremerton, Wash.
- *Capt. Martin Mangels, Jr., Army, A.P.O. 629, New York, N. Y.
- *Major William H. O'Brien, Army, A.P.O. 230, New York, N. Y.
- Lt. (j.g.) Conrad M. Riley, Navy, F.P.O., New York, N. Y.
- *Capt. Dean K. Rizer, Army, Valley Forge Gen. Hosp., Phoenixville, Pa.
- *Lt. (j.g.) John H. Rosenow, Navy, Navy 3205, F.P.O., San Francisco, Calif.
- *Capt. Henry N. Russell, Jr., Army, A.P.O. 7795, San Francisco, Calif.
- Lt. William R. Schumann, Jr., Army, Ft. Sam Houston, Tex.
- Lt. Richard H. Upjohn, Army, Carlisle Barracks, Pa.
- *Capt. William H. Walker, Army, Sta. Hosp., SAACC, San Antonio, Tex.

1937

- *Lt. Comdr. John H. Crandon, Navy, Navy 156, F.P.O., San Francisco, Calif.
- *Lt. Michael Crofoot, Navy, F.P.O., New York, N. Y.
- *Major George F. Emerson, Army, A.P.O. 350, New York, N. Y.
- *Capt. Luke Gillespie, Army, A.P.O. 322, Los Angeles, Calif.
- *Lt. Elliott S. Hurwitt, Navy, F.P.O., San Francisco, Calif.
- *Lt. Wilder S. Lane, Navy, F.P.O., New York, N. Y.
- *Capt. John S. Lyle, Army, AAF, Alamogordo, N. Mex.
- *Capt. Clarence E. Nelson, Army, A.P.O. 488, New York, N. Y.
- *Capt. Hubert C. Patterson, Jr., Army, A.P.O. 230, New York, N. Y.
- *Major Edward W. Phifer, Jr., Army, A.P.O. 425, New York, N. Y.
- *Lt. Comdr. Richard B. Pippitt, Navy, Bur. of Med. & Surgery, Washington, D. C.
- *Capt. Richard W. Smith, Army, Route 2, Box 241, Santa Maria, Calif.
- *Capt. Matthew W. Stevens, Army, Brooke Gen. Hosp., Ft. Sam Houston, Tex.
- *Lt. Comdr. Lewis Thomas, Navy, Rockefeller Inst. for Med. Research, New York, N. Y.
- *Capt. Robert D. Woolsey, Army, A.P.O. 424, New York, N. Y.
- *Capt. Eben Alexander, Jr., Army, A.P.O. 565, San Francisco, Calif.
- Lt. Richard G. Barker, Army, A.P.O. 5545, New York, N. Y.
- *Major Miles J. O. Gullingsrud, Army, A.P.O. 871-Med. Sect., New York, N. Y.
- *Capt. Robert McH. Johnson, Army, A.P.O. 5940, New York, N. Y.
- *Capt. John J. Larkin, Jr., Army, A.P.O. 644, New York, N. Y.
- Lt. Homer E. Lawrence, Army, Stark Gen. Hosp., Charleston, S. C.
- *Capt. Ferdinand F. McAllister, Army, A.P.O. 647, New York, N. Y.
- *Lt. Comdr. William M. McGaughey, Navy, Nat. Naval Med. Center, Bethesda, Md.
- *Lt. (j.g.) James L. Neller, Navy, Div. 8, USNABPD, San Bruno, Calif.
- *Capt. Arthur A. Nichols, Army, A.P.O. 635, New York, N. Y.
- *Capt. William S. Piper, Jr., Army, A.P.O. 886, New York, N. Y.
- *Capt. John I. Reppun, Army, A.P.O. 709, San Francisco, Calif.
- *Capt. William L. Riker, Army, A.P.O. 923, San Francisco, Calif.

1938

- *Capt. Harold Bengloff, Army, A.P.O. 506, New York, N. Y.
- *Major Lucio E. Gatto, Army, AAFTAC, Reg. Sta. Hosp., Orlando, Fla.

- *Capt. Elbert T. Rulison, Jr., Army, A.P.O. 758, New York, N. Y.
- *Capt. Steward H. Smith, Army, A.P.O. 698, New York, N. Y.
- *Major Thomas W. Smith, Army, Esler Field, La.
- *Lt. Willard G. Snow, Navy, Naval Air Sta., Moffet Field, Calif.
- *Lt. Comdr. John B. Stanbury, Navy, USNTS, Unit 67, Bainbridge, Md.
- *Lt. Alvin T. Stone, Army, Armed Forces Induction Sta., Indianapolis, Ind.
- Lt. Robert P. Tucker, Army, U. S. Marine Barracks, Kalamath Falls, Ore.
- *Capt. Robert M. White, Army, Sta. Hosp., Ft. Dix, N. J.
- *Capt. Ernest H. Wood, Jr., Army, A.P.O. 204, New York, N. Y.

1940

- *Capt. Malcolm W. Bick, Army, Ft. Bragg, N. C.
- *Capt. Lewis H. Bosher, Jr., Army, A.P.O. 517, New York, N. Y.
- *Major Milton F. Brougham, Army, A.P.O. 133, New York, N. Y.
- *Capt. Franklin C. David, Army, A.P.O. 215, New York, N. Y.
- Lt. (j.g.) Leonard P. Eliel, Navy, U. S. Marine Barracks, Klamath Falls, Ore.
- *Lt. Comdr. Robert F. Farrington, Navy, Everglades Hotel, Miami, Fla.
- *Capt. Francis T. Gephart, Army, A.P.O. 263, Camp Beale, Calif.
- *Capt. Philip G. Good, Army, Camp Campbell, Ky.
- *Lt. Howard M. Hackedorn, Army, Camp Rucker, Ala.
- *Capt. Maurice W. Kearney, Jr., Army, A.P.O. 507, New York, N. Y.
- *Capt. John E. Lally, Army, A.P.O. 133, New York, N. Y.
- Lt. Henry M. Lemon, Army, Comm. on Air-Borne Infection, Univ. of Chicago Clinics, Chicago, Ill.
- *Lt. Theodore L. Lytle, Navy, F.P.O., San Francisco, Calif.
- *Capt. Leon H. Manheimer, Army, A.P.O. 585, New York, N. Y.
- *Capt. Ralph R. Meyer, Army, A.P.O. 922, San Francisco, Calif.
- *Lt. Ernest B. Millard, Jr., Navy, F.P.O., New York, N. Y.
- *Capt. Allan S. Mirken, Army, Port Surgeon's Off., Pt. of Embark., San Francisco, Calif.
- *Major John C. Patterson, Army, A.P.O. 133, New York, N. Y.
- *Capt. Philip L. Pillsbury, Army, Edgewood Arsenal, Md.
- *Capt. Arnold Porter, Army, A.P.O. 887, New York, N. Y.

- *Capt. Bernard Rapoport, Army, A.P.O. 663, Miami, Fla.
- Lt. John S. Reed, Army
- Lt. Avon C. Remington, Jr., Army, Sta. Hosp., Lake Charles AAF, La.
- *Capt. Bernard J. Ryan, Army, A.P.O. 472, New York, N. Y.
- *Lt. Stewart P. Seigle, Navy, F.P.O., New York, N. Y.
- *Lt. Bruce M. Shepard, Navy, Navy 230, F.P.O., San Francisco, Calif.
- *Capt. Charles W. Sorenson, Army, A.P.O. 928, San Francisco, Calif.
- *Lt. Donald N. Sweeny, Jr., Army, Camp Phillips, Kans.
- *Capt. James H. Thompson, Army, A.P.O. 515, New York, N. Y.
- *Capt. Alexander B. Timm, Jr., Army, A.P.O. 928, San Francisco, Calif.
- *Capt. Thomas H. Weller, Army, A.P.O. 851, New York, N. Y.
- *Lt. Comdr. William A. White, Jr., Navy, U. S. Naval Med. Research Inst., Bethesda, Md.

1941

- *Capt. Craig W. Borden, Army, Sta. Hosp., McClellan Fld., Sacramento, Calif.
- *Capt. Simpson S. Burke, Jr., Army, A.P.O. 17110, San Francisco, Calif.
- *Lt. (j.g.) Max G. Carter, Navy, Navy 128, San Francisco, Calif.
- *Lt. Byron D. Casteel, Navy, Hotel Knickerbocker, Chicago, Ill.
- *Capt. Stephen M. Clement, Army, A.P.O. 230, New York, N. Y.
- *Lt. Albert J. Finck, Army, A.P.O. 557, New York, N. Y.
- Lt. (j.g.) Arthur R. Hartwig, Navy, Flot. 33, Pier 45, North River, N. Y. C.
- Lt. Crawford H. Hinman, Army, Reg. Hosp., AAF, Lincoln, Nebr.
- *Lt. Andrew Kerr, Jr., Army, A.P.O. 63, New York, N. Y.
- *Capt. Stanford S. Kroopf, Army, AAF, Reg. Sta. Hosp. No. 1, Coral Gables, Fla.
- *Capt. Howard Levine, Army, A.P.O. 5253, New York, N. Y.
- *Lt. (j.g.) Karl A. Lofgren, Navy, Naval Hosp., Santa Margarita Ranch, Oceanside, Calif.
- *Capt. William F. Loomis, Army, A.P.O. 879, New York, N. Y.
- *Capt. John S. Marietta, Army, A.P.O. 508, New York, N. Y.
- *Capt. Carl H. McLaughlin, Army, Reg. Hosp., AAF, Casper, Wyo.
- Lt. Richard C. Miller, Army, O'Reilly Gen. Hosp., Springfield, Mo.
- *Lt. Robert L. Ohler, Navy, F.P.O., San Francisco, Calif.
- *Lt. John W. Raker, Navy, Navy 152, F.P.O., San Francisco, Calif.

- *Capt. William A. Reyer, Army, Seymour Johnson Field, N. C.
- *Capt. John C. Richter, Army, A.P.O. 308, New York, N. Y.
- *Capt. William B. Seaman, Army, A.P.O. 834, New Orleans, La.
- *Lt. John E. Stewart, Navy, F.P.O., San Francisco, Calif.
- Lt. (j.g.) William O. Thomas, Jr., Navy, F.P.O., New York, N. Y.
- *Capt. Joseph H. Whatmore, Army, Sta. Hosp., AAF, Walla Walla, Wash.
- *Lt. Jason LaR. Wiley, Jr., Navy, F.P.O., San Francisco, Calif.
- *Capt. Donald J. Winslow, Army, Camp Ellis, Ill.

1942

- *Capt. Raleigh W. Baird, Jr., Army, A.P.O. 985, Seattle, Wash.
- *Lt. (j.g.) Frank A. Bautze, Navy, F.P.O., San Francisco, Calif.
- *Capt. James T. Blodgett, Army, A.P.O. 654, New York, N. Y.
- *Lt. James F. Blute, Jr., Navy, F.P.O., New York, N. Y.
- Lt. David Dove, Army, A.P.O. 448, Columbia, S. C.
- *Lt. Theodore G. Erler, Jr., Army, Ft. Devens, Mass.
- *Lt. (j.g.) Lawrence E. Hinkle, Jr., Navy, F.P.O., San Francisco, Calif.
- Lt. John W. Kirklin, Army
- *Capt. John P. Merrill, Army, Mitchell Field, L. I., N. Y.
- Lt. James G. Miller, Army, Box 2605, Washington, D. C.
- *Capt. John B. Millet, Army, A.P.O. 209, New York, N. Y.
- *Lt. Charles J. Mock, Army, A.P.O. 511, New York, N. Y.
- *Capt. Chester W. Morse, Army, A.P.O. 35, New York, N. Y.
- *Capt. Donald C. Nabseth, Army, A.P.O. 149, New York, N. Y.
- *Capt. John R. Newstedt, Army, A.P.O. 17074, San Francisco, Calif.
- Lt. Walter Pick, Army, Carlisle Barracks, Pa.
- *Lt. Dexter N. Richards, Jr., Army, 2411 E. St., Lincoln, Nebr.
- *Capt. Seaborn A. Roddenbery, Army, Sta. Hosp., Drew Field, Fla.
- *Lt. Robert J. Tracy, Army, A.P.O. 5575, New York, N. Y.
- *Lt. (j.g.) William E. Watts, Navy, F.P.O., San Francisco, Calif.
- Lt. Chester A. Weed, Navy, F.P.O., New York, N. Y.

1943 (March)

- Lt. Thomas D. Allison, Army, Camp Breckenridge, Ky.
- Lt. (j.g.) Stuart M. Anderson, Navy, F.P.O., New York, N. Y.
- *Lt. Abraham C. Barger, Army, Climatic Research Lab., Lawrence, Mass.
- Lt. Robinson LeR. Bidwell, Army, Stark Gen. Hosp., Charleston, S. C.
- *Lt. Dante F. Campagna-Pinto, Army, A.P.O. 515, New York, N. Y.
- *Lt. (j.g.) Philip W. Carey, Navy, F.P.O., San Francisco, Calif.
- Lt. John W. Clark, Army, Gen. Hosp., Camp Ellis, Ill.
- *Lt. Harry W. Clatworthy, Jr., Army, A.P.O. 5907, New York, N. Y.
- *Lt. Richard J. Cundiff, Army, Camp Edwards, Mass.
- *Lt. William R. Eyler, Army, A.P.O. 514, New York, N. Y.
- Lt. James H. Jackson, Army, Carlisle Barracks, Pa.
- *Lt. Logan O. Jones, Army, A.P.O. 5575, New York, N. Y.
- Lt. (j.g.) Orrin C. Keller, Navy, F.P.O., New York, N. Y.
- Lt. (j.g.) Jack V. Knight, Navy, F.P.O., New York, N. Y.
- *Lt. Richard H. Lillie, Army, A.P.O. 17172, New York, N. Y.
- *Lt. George R. Livermore, Jr., Army, Ft. Barkley, Tex.
- Lt. Sidney B. Luria, Army, Sta. Hosp., Camp Blanding, Fla.
- *Lt. James F. McGimsey, Jr., Army, A.P.O. 5541, New York, N. Y.
- Lt. Frederick C. Minkler, Jr., Army, Woodrow Wilson Gen. Hosp., Staunton, Va.
- *Lt. Duane H. Mitchel, Army, A.P.O. 502, San Francisco, Calif.
- Lt. Roger W. Morrison, Army
- Lt. Richard J. Palmer, Army, Gen. Hosp., Camp Ellis, Ill.
- Lt. Robert A. Peelor, Army, Moore Gen. Hosp., Swannanoa, N. C.
- Lt. Gardiner Pier, Army, Finney Gen. Hosp., Thomasville, Ga.
- *Lt. Calvin H. Plimpton, Army, Sta. Hosp., Camp Robinson, Little Rock, Ark.
- Lt. (j.g.) Benson B. Roe, Navy
- *Lt. Robert P. Smith, Army, A.P.O. 15407, New York, N. Y.
- Lt. James A. Taylor, Army, Carlisle Barracks, Pa.
- Lt. Louis E. Ward, Army, Sta. Hosp., Patterson Field, Fairfield, Ohio
- *Lt. Richard N. Westcott, Army, Camp Howze, Tex.



News from the Front



The following letters with their interesting news have been received in the BULLETIN office recently:

I recently received the April issue of the HARVARD MEDICAL ALUMNI BULLETIN and was quite pleased to learn how some of my old classmates and schoolmates are faring in this period of world upheaval. It is also interesting to learn of the many changes that have taken place at the Medical School since I was a student there.

For your possible interest, I'll outline briefly what has happened to me in the last few months. Upon going on active duty about mid-March, 1943, I went first to Carlisle for six weeks, then to camp Shenango, Pa., for six weeks as a replacement. Following this I had a fairly good voyage overseas to North Africa about mid-June and spent seven weeks traveling by camel, car and sightseeing by hitch-hiking across North Africa from Casablanca to Tunis before being assigned to a division in early August. For the next four months I hiked over Sicily and Italy with a hard-fighting infantry battalion. In December I was fortunate enough to be transferred to a collecting company where I have worked for the past four months while on the Anzio Beachhead. Here everyone has become a veritable mole, living underground and "sweating out" shells, bombs and our own flak. I feel fortunate to be with one of the best divisions in the Army, one that has distinguished itself in Sicily, in South Italy, and at Anzio. Needless to say, in the past year it seems I have become much more of an Army Officer than a doctor, probably only natural when one is with a combat outfit. At present my only medical work is giving temporary supportive treatment to the wounded when we are in combat—i.e., giving plasma, applying splints, treating sucking wounds of the chest. The rest of the time is spent drilling men, leading hikes, reading, performing company duties.

Received my Captaincy two weeks ago.

After this thing is over, I hope to catch the first boat home and soon thereafter to resume the study and practice of medicine where I left off in the dim past of February, 1943.

Enclosed please find a money order made out to the Treasurer of the H. M. S. Alumni Association. If this is not properly made out, please return it to me and instruct me as to whom it should be made payable. Thanking you, I am

(Capt.) CARL C. GARDNER, JR., '41.

* * * *

A few weeks after Pearl Harbor I volunteered for Navy Medical Corps. I went on duty during the summer, being assigned to U. S. Naval Dispensary, Navy Department, Washington, where I continued my specialty work (Obstetrics and Gynecology) among dependents.

Toward the end of a year I requested foreign duty, and volunteered for a small outfit of a secret nature. I took some special preparatory training, including a course at the Parachute School at Fort Benning.

After an interesting flight out from U. S. late last summer, I found that due to changed conditions our job was called off. Thereupon, we were all shifted to other work. So instead of parachuting into a tropical jungle, I'm riding horseback in a unique mounted outfit in an arid land where few white men have been privileged to enter.

Our little group is probably the most distant and isolated in the U. S. Armed Forces. We received no mail or outside contact except by radio for over seven months—from the time we left our distant advanced base in China until the end of June. Now, however, we will be having mail twice a month, which makes me feel as though I'm in the center of Western Civilization.

For two months with interruptions we trekked in broken down trucks over back roads through 9000 foot passes and across

deserts until we achieved our present destination. Travel was during the coldest part of the winter. Day after day we almost froze—the only place we could get warm was to crawl into sleeping bags as soon as the evening meal was over.

This is a land of camels, horses, asses, mules, oxen, sheep and goats. Everything constructed of mud including walls, houses, tables, chairs and the several passenger beds known as *kongs*. We live off the country on a high protein diet—Chinese cuisine. Routinely use chopsticks instead of knives and forks.

Trachoma, typhus, syphilis, gonorrhea, cholera, typhoid, and sometimes plague are the diseases of the country. About 40 per cent of the population probably have trachoma and a much higher percentage are said to have syphilis. Very high infant mortality rate.

Medical supplies are very limited among the Chinese. Medical Aid for China has been helpful and deeply appreciated. The National Health Institute has a plaque acknowledging the gift. Even in this isolated section, the Provincial Health Service in the refugee provincial capital has a small supply. When I first entered China I met and was entertained by Dr. Tong, head of the Epidemic Prevention Bureau. While a graduate student, he was one of my instructors in Bacteriology in Medical School. Dr. Tong has done magnificent work under difficult conditions. His vaccines are routinely used by the — U. S. Air Force. I am using vaccines made by the other branch of his Epidemic Prevention Bureau among Americans and Chinese here—cholera, typhoid and smallpox. Among a group of Americans who have been getting immediate and accelerated reactions for years, the Chinese smallpox vaccine gave a primary reaction in 80 per cent when I administered it a couple of months ago.

This "note" has become an epistle of greater length than I had anticipated. I feel that great numbers of American soldiers must be brought into China to run the Japs out.

Like other civilian doctors in the Armed Forces, I am anxious to see the war ended. I will then be happy to return to my family and practice in New Bedford.

(Lt. Comdr.) ROBERT H. GOODWIN, '29.

* * * *

I received the news letter of my classmates on the evening of our fifth reunion. You and Fran Ingersoll did a swell job. Did not see anyone with my A.P.O. number. Just now we are waiting for our hospital to be completed. We get discouraged occasionally at the slow progress, but, when I read what some of the class are doing, I consider my assignment a fortunate one.

(Capt. DAUCHY MIGEL, '38.

* * * *

This is to notify you of my promotion from Lt. (j.g.) to Lieutenant. Also I wish to express my appreciation for the BULLETIN. I enjoyed the April copy which arrived along with two months' mail our last visit in port. At that time I saw Lt. (j.g.) J. J. Beck, Bill Watts, and Larry Hinkle (all H. M. S. '42). The first two are on "tin cans" like myself, while Larry rides in style on a battlewagon. We had a pleasant time swimming and drinking beer on a little coral island.

(Lt.) THOMAS L. DUNCAN, '42.

* * * *

It was very interesting to return to my base from a Harvard reunion in London and find the April MEDICAL ALUMNI BULLETIN waiting. Comdr. Dunphy, Major Thompson (an orthopedic surgeon from Maine, I believe) and Ernest Sachs, M.D. '42, were present at the affair. The next day I ran into Meilman, M.D. '40. During my nine months in England I have also seen Drs. Cutler, Zollinger, Quigley, and Dunphy of the Brigham.

I am stationed at an active heavy bomber airfield in the English countryside and help run a fair-sized infirmary. Not very far away are the excellent facilities of a large Station Hospital. It is an interesting spot to be in and I am fairly well satisfied with the assignment.

(Lt.) ALBERT J. FINCK, '41.

My status and position in life have changed rather considerably since I last wrote you. I am anxious to give you my new address so that I may receive the BULLETIN and to give you some news of men I have seen or heard of. I was transferred to the — Evac. Hosp. as the neurosurgeon for the outfit about six weeks ago. We began to move out three days after I joined the hospital and now we are in New Guinea. The amount of equipment and planning necessary to set up an evacuation hospital (a very small part of the Army to be sure) is very large. We therefore expect to spend a period of time preparing for combat, then move into a more active area. If things continue to move as they have in the last six weeks, we should not have to suppress our impatience to get into professional work (taking care of the sick and wounded) for many more weeks. Most of the men with this group have been together training in the U. S. for almost two years. I feel most fortunate that during that period of time I was constantly busy in surgical work, the last year in neurosurgery.

We see considerable evidence here of not too recent Japanese-American fighting. For the present our activities are directed chiefly toward improving our position against the forces of nature, i.e., making ourselves as comfortable as possible for as long as possible. I would advise anyone going overseas to buy an air mattress. They present us with a luxury much to be appreciated here.

On my way to this final destination our boat stopped at another port in New Guinea. There I learned that Pete Campbell (Major Joseph B. Campbell, '35) was stationed with the — General Hospital. He is the neurosurgeon of the hospital and he has an excellent and busy service. I spent a couple of days with him before we moved on. He has had an amazing and difficult experience for many months in the New Guinea jungle, as commanding officer of the — Portable Surgical Hospital before his recent transfer to the — General. He has taken excellent care

of himself in spite of the rigors of combat, and claims he has not been sick a single day here.

At my present location I have just contacted Major George Austen, '34, now Chief of Surgery with the — Field Hospital. They are very busy at the moment. I expect to visit George tomorrow and learn more about the experiences he has had in more than two years overseas.

Someone has suggested that an amicable solution to the war might be for the Americans and Japanese to give the whole of New Guinea over to the insects. It doesn't sound very practical but sometimes I wonder.

(Capt.) EBEN ALEXANDER, '39.

* * * *

Your June issue had me in the Army which is somewhat in error as I've started my second year on a Navy destroyer, c/o F. P. O., San Francisco. After long sessions of the same faces and steel decks while at sea, it's a joy to bump into old friends. I've seen Al Callow, Bob Eckel, Larry Hinkle, John Beck and Tom Duncan, and just missed Bill Donald and J. Q. U. Thompson (all of '42). At home I am being survived by Mrs. W. and our two husky boys.

(Lt. j.g.) WILLIAM E. WATTS, '42.

* * * *

I have just received the June issue of the BULLETIN. As usual it contained much interesting news. I am sending the following to bring my information up to date.

I have been in active duty with the Army Air Force since August 1, 1942, and I have been at this Air Transport Command Station "somewhere in the Middle East" since February 1, 1944. At present I am Base Surgeon here and have a fairly busy and interesting job.

I am the proud father of a son born March 27, 1944.

Since being out here, I have met only one other Harvard Medical Alumnus—Ekjai Kambhu, '41, who came through a while back in the uniform of one of our Allies.

(Capt.) BERNARD RAPOPORT, '40.

It seems that you have the right home address for me, but I guess the family at home hasn't been sending on the BULLETINS, which always have welcome news in them.

I got the recent news letter all right. I saw Bill Cappeller, '38 at Hoff General in California before he left for a numbered general hospital and overseas service. Henry Garrigues, '37 was also there in the pool for a short time, and we enjoyed a trip to Los Angeles to pick up patients from a return troop ship, with several side trips to Hollywood.

Otherwise I have run into very few classmates in various parts of the country. Most of them are probably overseas, where I haven't been, as yet.

(Capt.) HOMER H. HUNT, '38.

* * * *

CAPT. WILLIAM F. LOOMIS, '41, wrote the following letter from China to Dr. J. H. Means:

It doesn't seem so long since I was last in your office, yet here we are now, over the Hump and in the land of coolie labor and considerable confusion. The Hengyang news is not good, but of course the fall of Mitchina should eventually open up the Burma Road once more. Meanwhile all supplies for the largest country in the world (pop. 400 million) have to come by air over the Hump—i.e. all outside supplies. The prices in the town are amazing. It costs about \$4,000 for a good meal for eight people and about \$70,000 for a typewriter. Of course the exchange is about 180/1 but we walk around with hundred dollar bills bulging in wads in our pockets.

After I left Boston things went pretty rapidly. Soon we left the States and flew all the way here . . . All done in cargo

planes piled high with luggage and crates of all kinds. This certainly is a global war! At every stop the American Army was well established with bases, quarters, messes, PX's, dispensaries, etc. etc. On the Azores I ran into the first medical items of interest. They have endemic plague and even some cases of pneumonic plague in the last few years. In India I saw cases of diphtheria in adult soldiers and, of course, malaria and amoebic dysentery of all types. Here in China they are pretty well set up medically. I attended a boy two days ago with a fever of 103° yet a pulse of 72— and it is probably not typhoid—sudden onset among other things. So far they have not been able to establish anything on him. There are so many queer fevers out here. Relapsing fever is common, typhus of various varieties and all kinds of VD.

One story I thought you might be interested in is that of an officer way north of here who came down with a high fever, finally ending up in polio. It hit his muscles of respiration and he needed constant artificial respiration. They cleared a small runway, landed a Cub and then rigged up an apparatus of thongs, pillows, and boards by which the pilot could pump him while he flew him out. The plane was so small it could only carry the patient and the pilot and for three hours the pilot, Freddie Welsh, pumped him with his right arm at 40 strokes a minute (it was of small stroke volume only) while he flew him down under low clouds and down ravines and through passes back to base. He made it though and now the officer is in an iron lung and getting better!

Enclosed is the label off part of the supplies that are available out here—and much appreciated (at \$600 a bottle!).



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Harvard Medical School

Boston, Mass.

TWENTY-FIFTH REUNION

The Class of 1919 of the Harvard Medical School held its twenty-fifth reunion in Boston on Friday, June 30, 1944, with 29 members attending.

After assembling in the Faculty Room of the Medical School that morning, the class listened to pleasantly reminiscent talks by Drs. Wolbach, Homans, Bremer and Worth Hale, and viewed a motion picture of the school and its war activities, presented by Dr. Reginald Fitz. Drs. Hale and Fitz were guests of the class at luncheon in the Faculty Dining Room of Vanderbilt Hall.

The attending members met again for dinner at the Tavern Club, where, after several rounds of stories agreeably fortified, a serious discussion transpired concerning the policy of anniversary classes making gifts to the Medical School. Eventually the following motion was introduced by Dr. Breed.

Moved, that the Harvard Medical School Alumni Association be memorialized by this gathering of the Class of 1919, to the effect that we approve of the principle of anniversary class gifts to the Medical School, and that it is our sentiment that the Association confer with Dean Burwell regarding an organization to further this object. This motion was not put to a vote and its sentiment was expressed in a later motion of Dr. Harris as follows:

On motion by Dr. Harris, the class voted that the chair appoint a committee to confer with Dr. Burwell regarding class gifts of money to the Medical School, and an organization to further

this object. The following committee was appointed: John Bowler, Dean Burwell, Dwight O'Hara and Dwight Siscoe.

Since this gathering in June, the class has been saddened by the death of one of its best-loved members, William B. Breed. A movement has already been set on foot by some of his friends and patients to establish at the Massachusetts General Hospital a free bed in his memory. Many of his classmates at the Medical School will no doubt wish to contribute to this particularly suitable memorial.

Checks should be made payable to Dr. William B. Breed Free Bed Fund, Massachusetts General Hospital, and may be sent to the class president or secretary at 264 or 266 Beacon St., Boston.

JOE V. MEIGS, *President*JOSEPH GARLAND, *Secretary*

* * *

Elsewhere in this issue is presented a description of one of the major innovations in medical instruction introduced at the Medical School in some years. Professor Landis' course in Physiology, which has completely changed the methods of laboratory teaching in that field, has been greeted with much enthusiasm by students and faculty alike.

As Professor Landis points out in his article, the course is a stiff one and requires much time, application, and thought on the part of the students. Their reaction to this sometimes finds its expression in poetry of a very high order of reverence. The appended psalm will make clear our meaning:

THE 1944 PHYSIOLOGICAL PSALM

Text for Today: HEMIBALLISMUS 6:13

MacLeod is my shepherd

I shall not flunk

He maketh me to maintain my fluid constancy

He turneth the pages of my notes,

He restoreth my memory

He leadeth me up the CO₂ absorption curve,

Yea, tho I walk thru the valley of the shadow

of ignorance

I fear not Dr. Landis—for thou art with me,

My Best and my Taylor, they comfort me.

He prepareth a table before me in the presence

of the faculty,

He annointeth my blood with epinephrine

My glucose runneth over.

Surely Bainbridge and McDowall shall follow

me all the days of my life,

And I shall dwell in the right ventricle forever.

